

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022403

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

77
3016
226
FILED JUN 18 1962VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Jefferson CityLength of stay in 1b
four daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Memorial Community HospInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cole

c. CITY OR TOWN Jefferson City

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
113 E. Ashley StreetReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Attie (nmn) St George4. DATE OF DEATH Month Day Year
June 5th 19625. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
1/10/18849. AGE (last birthday)
78IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laundry Operator10b. KIND OF BUSINESS OR INDUSTRY
Laundry11. BIRTHPLACE (City and state or country)
Rockport, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

George W. Handley

13b. MOTHER'S MAIDEN NAME

Nancy D. (Last name unknown)

14. NAME OF HUSBAND OR WIFE

Frank St. George Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Robert St George Jefferson City

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

uremia

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arterio-sclerotic Endo-vascular disease.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-28-62 to 6-5-62 and last saw her alive on 6-5-62
Death occurred at 9:20 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

June 7, 1962

23c. NAME OF CEMETERY OR CREMATORY

Riverview Cemetary

23d. LOCATION (City, town, or county)

Jefferson City Missouri

24. FUNERAL DIRECTOR

ADDRESS

Donald P. Freeman 915 Madison St.

25. DATE RECD. BY LOCAL REG.

11 June 1962

26. REGISTRAR'S SIGNATURE

R. H. Morris - M. Richter, Jr.

(Licensed Embalmers' Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 28 1963

OCT 21 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.